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Distributed by the Division of Medicaid Department of Health and Welfare



From the Idaho Department of Health and Welfare, Division of Medicaid

July 2008

National Provider Identifier (NPI) NPI is Now! Are You Using It?

May 27, 2008, Idaho Medicaid began processing all standard electronic transactions for health care providers with the NPI submitted on the claim, per federal law. Are you using your NPI on your electronic claims?

All health care providers must use their NPI to identify themselves on electronic claims. Payers, such as Idaho Medicaid, are required to adjudicate electronic claims using only the NPI. What does this mean for you? When your electronic claim is submitted to Idaho Medicaid, the NPI is used to locate the legacy Idaho Medicaid provider number that is used to adjudicate the claim. To adjudicate the claim, the submitted NPI must ultimately link to only one Idaho Medicaid provider number. This is accomplished by matching the following claim information:

- Electronic claim type Professional, Dental, Institutional, or NCPDP
- NPI
- Taxonomy code
- Service location 9-digit zip code

Once the submitted NPI can be linked to one Idaho Medicaid provider number, the claim can be adjudicated. Idaho Medicaid continues to recommend you send both your NPI and Idaho Medicaid provider number to ensure we can notify you of any claim denial caused by an NPI error. Please review your weekly paper Remittance Advice (RA) to track the status of submitted electronic claims.

Paper Claims:

Do Not Require National Provider Identifier (NPI)

Your NPI is required for electronic claims processing. Paper claims must have a valid Idaho Medicaid provider identification number for processing. You can put your NPI on the paper claim, but it is not required. Paper claims are processed using only your provider identification number.

Please make sure your provider identification number is in the correct field of the paper claim form and is legible for scanning. Remember, a computer will read the claim data so legibility and alignment within the field is very important.

The paper CMS-1500 claim form requires a qualifier: **1D** (one-D), to be placed in front of your 9-digit Idaho Medicaid provider identification number in field **33b** (for example: **1D**012345678). It should be legible and aligned within the field. The **1D** qualifier should be entered into field **24I** when a rendering provider's Idaho Medicaid provider identification number is listed in the pink area of field **24J**.

You will find specific instructions for filling out claim forms at the end of Section 3 in your *Idaho Medicaid Provider Handbook*.

Pharmacy Providers:

Are You Getting the 034 Explanation of Benefits (EOB) Code on Transactions?

Some pharmacies are getting a 034 EOB (Prescribing Provider License Number/Name Mismatch/Missing) denial code when they submit an NPI in the Prescriber ID field. Here is some important information to help providers correct and resubmit their claim.

- 1. The prescriber's NPI **or** state license number will be accepted in the Prescriber ID field. This is because not all prescribers are required to have an NPI.
- 2. When submitting an NPI, the Prescriber ID qualifier must be **01**. When submitting a state license number the Prescriber ID qualifier must be **08**.
- 3. If the NPI submitted in the Prescriber ID field has not been registered with Idaho Medicaid, the claim will be rejected with EOB 034. In this case you can:
 - a. Resubmit the claim using the prescriber's state license number in the Prescriber ID field. Remember to use qualifier **08**.
 - Contact EDS toll-free at: (800) 685-3757 or in the Boise area at: (208) 383-4310. Provider services representatives are available Monday through Friday, 8 a.m. to 5 p.m. MT.
 - c. If it is after hours or the weekend and EDS is not available to add the NPI, resubmit the claim using the prescriber's state license number and qualifier **08**, or check the *Medicaid Provider Handbook "Pharmacy Guidelines"*, for more information.

Crossover Providers Who Submit Pharmacy and Durable Medical Equipment (DME) Claims

Are You Getting the 051 Explanation of Benefit (EOB) Denial Code on Crossover Transactions?

If you submit both pharmacy and DME crossover claims under one NPI, you may have seen denial code 051 on your EOB. Please begin using the appropriate taxonomy code on the pharmacy and DME crossover claims you submit.

If you are unable to submit the appropriate taxonomy code on the crossover claim, you also have the following options:

- Apply for a second NPI and use one NPI for pharmacy crossover claims and the other NPI for DME crossover claims.
- Resubmit the claim to Idaho Medicaid using Provider Electronic Solutions (PES).
- 3. Resubmit the claim to Idaho Medicaid on paper.

Each provider must decide on their own, which option is best for them. For questions about these denials, or assistance with taxonomy codes and where they are placed in the claim data, please call your provider relations consultant (PRC). Phone numbers for PRCs are listed in the sidebar on page 5. You can also email your questions to the NPI Helpdesk at: NPIHD@dhw.idaho.gov.

Paper claims **require** a valid Medicaid provider number for processing. Paper claims submitted with an NPI number only in field **33** cannot be processed and will be returned to providers for correction. CMS-1500 claim forms require the **1D** (**one-D**) qualifier preceding the Idaho Medicaid provider number in field **33b**. Detailed instructions for paper claims are listed at the end of Section 3 in your *Medicaid Provider Handbook*.

DHW Contact Information

- DHW Web site www.healthandwelfare. idaho.gov
- ◆ Idaho Careline 2-1-1 Toll free: (800) 926-2588
- Medicaid Fraud and Program Integrity Unit PO Box 83720 Boise, ID 83720-0036 Fax: (208) 334-2026 prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

- ◆ Region I Coeur d'Alene (208) 666-6766 (800) 299-6766
- ◆ Region II Lewiston (208) 799-5088 (800) 799-5088
- ♦ Region III Caldwell (208) 642-7006 (800) 494-4133
- ◆ Region IV Boise (208) 334-0717 (208) 334-0718 (800) 354-2574
- ◆ Region V Twin Falls (208) 736-4793 (800) 897-4929
- ◆ Region VI Pocatello (208) 235-2927 (800) 284-7857
- ◆ Region VII Idaho Falls (208) 528-5786 (800) 919-9945
- ◆ In Spanish (en Español) (800) 378-3385

Prior Authorization Contact Information

◆ DME Specialist, Medical Care PO Box 83720

Boise, ID 83720-0036 Phone: (866) 205-7403

Fax: (800) 352-6044 (Attn: DME Specialist)

♦ Pharmacy

Fax:

PO Box 83720 Boise, ID 83720-0036 Phone: (866) 827-9967

(208) 364-1829 (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews)

10700 Meridian Ave. N. Suite 100

Seattle, WA 98133-9075

Phone: (800) 783-9207 Fax: (800) 826-3836 (206) 368-2765

www.qualishealth.org/idaho medicaid.htm

Transportation

 Developmental Disability and Mental Health

Phone: (800) 296-0509, #1172 (208) 287-1172

♦ Other Non-emergent and Out-of-State

Phone: (800) 296-0509, #1173 (208) 287-1173

Fax: (800) 296-0513 (208) 334-4979

♦ Ambulance Review

Phone: (800) 362-7648 (208) 287-1157

Fax: (800) 359-2236 (208) 334-5242

Insurance Verification

♦ HMS

PO Box 2894 Boise, ID 83701 Phone: (800) 873-5875

(208) 375-1132

Fax: (208) 375-1134

All Providers:

Are You Getting the 009 Explanation of Benefits (EOB) Denial Code on Transactions?

Some providers are getting an 009 EOB denial code (Attending provider is missing/not on file) at the detail level of their claims. Here is some important information to help providers correct and resubmit their claim.

- 1. Verify the NPI submitted in the detail line is registered with Idaho Medicaid.
- If the NPI is not registered and linked to an Idaho Medicaid provider number, arrange
 with the provider to get their NPI registered with Idaho Medicaid. The NPI registration
 is not valid until the next day.
- 3. Resubmit the claim once the registered NPI has been on file with Idaho Medicaid for at least 24 hours.

Your local provider relations consultant (PRC) can help you with the registration process. Phone numbers for the PRCS are listed in the sidebar on page 5. NPIs must be registered online at: https://npi.dhw.idaho.gov. You can also email your questions to the NPI Helpdesk at: NPIHD@dhw.idaho.gov.

Paper claims **require** a valid Medicaid provider number for processing. Paper claims submitted with an NPI number only in field **33** cannot be processed and will be returned to providers for correction. CMS-1500 claim forms require the **1D** (**one-D**) qualifier preceding the Idaho Medicaid provider number in field **33b**. Detailed instructions for paper claims are listed at the end of Section 3 in your *Medicaid Provider Handbook*.

Are Submitted Claims Missing From Your Weekly Paper Remittance Advice (RA)?

The following information is designed to help providers through the NPI implementation with the least number of claim errors and payment interruptions. This information will help you track each of your claims from submission to final adjudication.

Why should you reconcile your weekly paper RA against the electronic claims you submitted?

Electronic claims submitted with an **NPI only** that cannot be linked to a unique Idaho Medicaid provider number will not be found on your paper RA. When a unique Medicaid provider number is not found using the submitted NPI, the provider information needed to process the claim and notify the provider of the claim failure can't be found.

How can you reconcile your paper RA against the electronic claims you submitted?

- Track your claim submissions through the acceptance reports from your clearinghouse, or if you use PES, from the acceptance report you requested after your claims submission.
- 2. Match the claims submitted to paid, denied, and pended claims on your paper RA.

Note: Pended claims are only shown on the paper RA if you requested that option at enrollment.

If you find missing claims during your claim reconciliation **or** your RA indicates a claim denial for EOB code 049, 050, 051, 052, 053, 054, 055, or 056, follow the steps listed on the Idaho Medicaid NPI Web page. You can find the Web page at: **https://npi.dhw.idaho.gov** by clicking on the *NPI Registration Instructions* link on the left side of the page.

Continued on Page 4 (Weekly Paper RA)

Continued on Page 3 (Weekly Paper RA)

Still not sure what an NPI is and how you can get it, share it, and use it? More information on the NPI can be found on the Centers for Medicaid and Medicare Services (CMS) Web site, CMS NPI page at: www.cms.hhs.gov/NationalProvIdentStand. Providers can apply for an NPI online at: https://nppes.cms.hhs.gov, or call the NPI enumerator at: (800) 465-3203, to request a paper application.

May 1, 2008

Medicaid Information Release MA08-11

To: All Providers (With 15-Minute Unit Billings)

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: Billing for 15 Minute Units

Medicaid requires you to follow these billing procedures when you bill for units of service that are paid in 15 minute increments:

Several CPT codes used for evaluations, therapy modalities, procedures, and collateral contacts specify that one unit equals 15 minutes. Providers bill procedure codes for services delivered using CPT codes and the appropriate number of units of service. For any single CPT code, providers bill a single 15 minute unit for treatment greater than or equal to eight minutes. For example, two units should be billed when the interaction with the participant or collateral contact is greater than or equal to 23 minutes to less than 38 minutes. Time intervals of units are as follows:

Services provided are more than	Services provided are less than	Providers will bill
8 minutes	23 minutes	1 unit
22 minutes	38 minutes	2 units
37 minutes	53 minutes	3 units
52 minutes	68 minutes	4 units
67 minutes	83 minutes	5 units
82 minutes	98 minutes	6 units

Additional units can be determined by adding 15 minutes to each column of the first two columns.

Providers should not bill for services performed for less than eight minutes. The expectation (based on work values for these codes) is that a provider's time for each unit will average 15 minutes in length. Providers should monitor their billing practices to ensure that all services that are designated to be billed in 15 minute units are delivered for at least eight minutes and documented as such before billing Medicaid.

This requirement does not impact procedure codes that are not billed in 15 minute units including anesthesia procedure codes that are billed in one minute intervals.

The above schedule is intended to help you round time into 15 minute increments for billing purposes. It does not imply that any minute up until minute eight should be excluded from the total count, as the timing of active treatment counted includes all time. Providers cannot bill for more time than their staff worked in a calendar day. The beginning and ending time of the treatment must be recorded in the participant's medical record with a note describing the treatment. (For additional guidance please consult CMS Program Memorandum Transmittal AB-00-14.)

If you have questions concerning the information contained in this release, please contact the Office of Medicaid Reimbursement at: (208) 364-1817.

EDS Contact Information

◆ MAVIS

Phone: (800) 685-3757 (208) 383-4310

- ♦ EDS Correspondence PO Box 23 Boise, ID 83707
- ◆ Medicaid Claims PO Box 23 Boise, ID 83707
- ♦ PCS & ResHab Claims PO Box 83755 Boise, ID 83707

EDS Fax Numbers

- ◆ Provider Enrollment (208) 395-2198
- ◆ Provider Services (208) 395-2072
- ◆ Participant Assistance Line Toll free: (888) 239-8463

Provider Relations Consultant Contact Information

♦ Region 1

Prudie Teal 1120 Ironwood Dr., Suite 102 Coeur d'Alene, ID 83814

Phone: (208) 666-6859 (866) 899-2512 Fax: (208) 666-6856 EDSPRC-Region1@eds.com

♦ Region 2

Darlene Wilkinson 1118 F Street PO Drawer B Lewiston, ID 83501

Phone: (208) 799-4350 Fax: (208) 799-5167 EDSPRC-Region2@eds.com

♦ Region 3

Mary Jeffries 3402 Franklin Caldwell, ID 83605

Phone: (208) 455-7162 Fax: (208) 454-7625 EDSPRC-Region3@eds.com

♦ Region 4

Angela Applegate 1720 Westgate Drive, # A Boise, ID 83704

Phone: (208) 334-0842 Fax: (208) 334-0953 EDSPRC-Region4@eds.com

◆ Region 5 TBD

601 Poleline, Suite 3 Twin Falls, ID 83303

Phone: (208) 736-2143 Fax: (208) 678-1263 EDSPRC-Region5@eds.com

♦ Region 6

Abbey Durfee 1070 Hiline Road Pocatello, ID 83201

Phone: (208) 239-6268 Fax: (208) 239-6269 EDSPRC-Region6@eds.com

♦ Region 7

Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

Phone: (208) 528-5728 Fax: (208) 528-5756 EDSPRC-Region7@eds.com May 21, 2008

MEDICAID INFORMATION RELEASE 2008-12

To: Developmental Disabilities Agencies, Psychosocial Rehabilitation Services Agencies, and Early Periodic Screening Diagnosis and Treatment Service Coordination Agencies

From: Leslie M. Clement, Administrator

Subject: Rehabilitative Services Provided in Schools or During School Hours

Over the past two years, the Idaho Department of Health and Welfare (IDHW) has worked closely with private rehabilitation providers and schools to ensure that participants are using their Medicaid benefits appropriately. However, IDHW continues to discover unallowable practices by private rehabilitation providers and continues to receive questions and complaints from families regarding these practices. Private provider agencies that deliver services to school-age children should use this information to ensure their compliance with Medicaid rules and regulations.

The overriding principle of the information in this release is that private providers and participants must not use the Medicaid benefit to replace the free and appropriate public education benefit available through public schools.

Children can only receive Medicaid rehabilitative services during normal school hours through an educational plan developed in conjunction with their local school district. It is especially important that parents who have chosen private school or home school for their children understand this requirement because Medicaid does not cover rehabilitative services provided in these environments, unless the rehabilitation program is coordinated with the child's formal education plan in conjunction with the local school district.

Medicaid has had a long-standing policy that only schools may bill Medicaid for services provided in those schools. In November 2006, IDHW issued *Information Release* #2006-42 clarifying this policy. At that time, IDHW also published clarifying rules in *IDAPA 16.03.09*, "Medicaid Basic Plan Benefits" and *IDAPA 16.03.10*, "Medicaid Enhanced Plan Benefits". These clarifying rules were reviewed and approved during the 2007 legislative session and became final on March 19, 2007. **Private rehabilitation providers can not bill Medicaid for school-based services or educational services.** Despite these clarifications, we have recently discovered that some agencies continue to bill Medicaid for services they have provided in a school-based setting. Providers have indicated that they are not in violation of the rule because the service is being delivered in a private school, at a home school, or in the community. The rule makes no such distinction. For developmental disability agencies (DDA), *IDAPA 16.03.10.653.05.e* states:

e. Prior to delivering any services in a school-based setting, the DDA must have a contract with the school or the Infant Toddler program. The DDA must not bill Medicaid or the Medicaid participant for these contracted services. Only the school district, charter school, or the Idaho Infant Toddler program may bill Medicaid for these contracted services when provided in accordance with IDAPA 16.03.09 Medicaid Basic Plan Benefits, Sections 850 through 856. 3-19-07)

For psychosocial rehabilitation (PSR) agencies, *IDAPA 16.03.10.124.c* states:

Prior to delivering any services in a school based setting, the PSR agency must have a contract with the school or the infant Toddler program. The PSR agency must not bill Medicaid or the Medicaid participant for these contracted services. Only the school district, charter school, or the Idaho Infant Toddler program may bill Medicaid for these contracted services when provided in accordance with *IDAPA 16.03.09 Medicaid Basic Plan Benefits*, Sections 850 through 856. (3-19-07)

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Continued from Page 5 (IR 2008-12)

We have also received reports that private agencies may be billing Medicaid for services provided to school-age children during normal school hours. Services delivered to school-age children during these time periods are considered educational services, defined in *IDAPA 16.03.09.850.02*, and are excluded for Medicaid payment as outlined in *IDAPA 16.03.10.653.04*. In other words, only a provider that is enrolled as a school-based provider; e.g., a public school, charter school, or infant toddler program, can bill for services typically associated with a normal school day for a school-age child. As the rule states above, the private agencies must contract with the school-based provider and can not bill Medicaid directly for the contracted services.

Medicaid covers rehabilitative school-based services that are provided by public schools. As indicated above, Medicaid can only reimburse rehabilitative services provided in conjunction with their education when the services are part of a child's educational plan, and when the provider of the service is a Medicaid enrolled school-based services provider.

As described in *IDAPA 16.03.09.852*, public school districts, charter schools, and the Idaho Infant Toddler Program are the only entities eligible to enroll as school-based services providers. Private schools are not subject to the same free and appropriate public education requirements or Individuals with Disabilities Education Act (IDEA) and do not meet criteria to become school-based providers. We encourage all parents, including those who choose to enroll their children in alternative educational settings, to work together with their school districts to implement an educational plan so their children have access to the school-based Medicaid services.

Idaho Medicaid is the payor of last resort. Implicit in the federal requirements, found at 42 USC 1396(a), is the principle that Medicaid benefits are available only after all other resources have been exhausted. School-based Medicaid services are available to a child with a disability during regular school hours and days because such services are included in the child's individualized education program established by the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1411 et seq.), or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan adopted under part C of the IDEA (20 U.S.C. 1431 et seq.). Replacing these school-based benefits with Medicaid services is not allowed; it doesn't comply with the payor of last resort rule.

In Idaho, school districts carry the responsibility for assuring that a child with special needs gets necessary services during the school day to benefit from the education provided at no cost to all students. Parents and guardians need to work directly with their local school districts, or contact the Department of Education with questions or concerns about how to access school-based Medicaid services for their children.

Attached to this information release is a letter developed by IDHW, for participant families. We ask that you distribute the letter to parents and guardians with a school-age child who receives rehabilitative services during regular school hours.

If you have questions regarding this information, please contact the Division of Medicaid's Developmental Disabilities Policy Coordinator at: (208) 947-3364.



Dear Participants, Parents, and Families:

The Division of Medicaid has received questions from parents regarding services delivered in schools or during school hours. Because of some misunderstanding of Medicaid policy, the division has issued *Information Release 2008-12* to private Medicaid provider agencies. As part of the information release, Medicaid has requested that providers distribute this letter to families to clarify Medicaid policies.

It is a longstanding policy of the Idaho Medicaid Program that private providers are not allowed to bill Medicaid directly for school-based services, and educational services are not allowed. To understand the reason for this policy you need to know that:

• Congress authorized state Medicaid programs to allow public schools to bill for school-based services if they are provided to a Medicaid eligible child and are included in the child's Individualized Education Plan (IEP).

Continued on Page 7 (Letter)

Continued from Page 6 (Letter)

- Public schools are obligated to provide Medicaid health related services to children with disabilities, as outlined in the Individuals with Disabilities Education Act (IDEA), to assure they receive a "free and appropriate public education."
- Federal Medicaid law (42 USC 1396(a)) only allows Medicaid to pay for a service after all other resources have been exhausted (payor of last resort).

This means that if a child needs a Medicaid reimbursable rehabilitative service during school hours, the public school is responsible for providing the service according to the child's IEP.

Private schools are not subject to the same federal government laws and rules as public schools, and are not eligible to provide school-based services as defined by Idaho Medicaid. However, in Idaho, public schools have a responsibility to work with families to ensure that a child with special needs gets specialized services through an education plan, even in a private school or home school setting. Parents should work with their local public school district to make sure their children get the appropriate health related services written into an individualized education plan. Parents can contact the state of Idaho Department of Education with questions or concerns.

Outside of the school-based service, children who are eligible for Medicaid and have rehabilitative medical needs are still able to receive medically necessary services from private provider agencies. These are separate benefits from the school-based services that the child receives from the school district during school hours.

If you need more information, we encourage you to work directly with your local school district and private provider agency. If you have additional questions, you can contact the Developmental Disabilities Policy Coordinator in the Division of Medicaid at: (208) 947-3364.

Healthy Connections Primary Care Providers: Case Management Fee Change in Payout Timing

This notice is to let Healthy Connections (HC) primary care providers (PCPs) know there has been a change made in the timing of the monthly case management fee payout. This change is being made to help ensure that HC PCPs are paid for all eligible HC enrollees.

Historically, the HC case management fee is mailed during the first full week of each month. System changes have been made to extend the cut-off time for adding new enrollees. These changes require that the payout of the HC case management fee be moved to the second week of the month when the last working day of the previous month falls on a Friday. In 2008, the case management fee will be paid the second week of the month in March, June, September, November, and December. The payment for January, February, April, May, July, August, and October will remain the first week of the month.

If you have any questions, please contact your regional health resource coordinator. Phone numbers for the coordinators can be found on page 2.

Thank you for continuing to provide quality health care to the citizens of Idaho and for your support of Healthy Connections.

Paper claims **require** a valid Medicaid provider number for processing. Paper claims submitted with an NPI number only in field **33** cannot be processed and will be returned to providers for correction. CMS-1500 claim forms require the **1D** (**one-D**) qualifier preceding the Idaho Medicaid provider number in field **33b**. Detailed instructions for paper claims are listed at the end of Section 3 in your *Medicaid Provider Handbook*.

Paper claims **require** a valid Medicaid provider number for processing. Paper claims submitted with an NPI number only in field **33** cannot be processed and will be returned to providers for correction. CMS-1500 claim forms require the **1D (one-D)** qualifier preceding the Idaho Medicaid provider number in field **33b**. Detailed instructions for paper claims are listed at the end of Section 3 in your *Medicaid Provider Handbook*.

May 21, 2008

MEDICAID INFORMATION RELEASE 2008-13

To: All Opticians, Optometrists, and Ophthalmologists

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: New Optical Product Supplier Effective July 1, 2008

On July 1, 2008, all orders for eye glass frames, lenses, and contact lenses must be submitted to Idaho Medicaid's new optical products contractor, Barnett and Ramel Optical (B&R Optical) of Omaha, Nebraska. B&R Optical is an 87 year old ophthalmic laboratory which provides eyewear to the Department of Veterans Affairs in four regions and is the largest Indian Health Service provider for eyewear in the western United States.

 Beginning Monday, June 2, 2008, providers who wish to obtain a free dispensing kit can go to the B&R Optical Web site below to select 20 frames of their choice.

http://www.broptical.com/

Fax: (800) 545-2693

Telephone: (800) 228-9732

- If a kit order is not received by June 10, 2008, B&R Optical will send current dispensing providers a kit of 20 pre-selected frames. If you do not receive a kit by June 20, 2008, and would like to dispense Idaho Medicaid optical wear, contact B&R Optical at the phone number above. An active Idaho Medicaid provider number is required to request a kit.
- Beginning July 1, 2008, orders for eligible Medicaid participants must be placed with B&R Optical through their Web site, by fax, or by mail. The attached list of items and codes require a prior authorization (PA) from the Medical Care Unit in Boise, before placing an order with B & R Optical. Please use the attached, updated PA request form. PA requests are processed within one business day.
- SWEEP Optical will accept and process orders through June 30, 2008, by fax at: (800) 383-1828 or through their Web site at: http//:sweepoptical.com. If you have questions or concerns regarding these orders, call SWEEP Optical at: (800) 984-3204, through July 14, 2008.
- Providers who have a Department of Health and Welfare purchased SWEEP Optical dispensing kit, must return the kit postmarked by July 18, 2008, to:

SWEEP Optical 2145 Centennial Plaza Eugene, OR 97401

Providers can receive credit for frames purchased from SWEEP Optical for dispensing, if they are returned and are
in re-sellable condition. SWEEP will refund the full purchase price, if the invoice is included. Without the invoice, a
credit of \$11.00 per frame will be given for frames that are in good condition.

Please note: June 30, 2008, is the last day to order vision supplies from SWEEP Optical.

If you have questions concerning this information, please contact the vision medical program specialist in the Division of Medicaid at: (208) 287-1177. Thank you for your participation in the Idaho Medicaid Program.

Attachments

Continued on Page 9 (IR 2008-13)

Vision Supply Codes Requiring Prior Authorization Effective July 1, 2008

Code	Description
V2025	Deluxe frame (special needs)
V2114	Spherocylinder, single vision sphere over plus or minus 12.00d, per lens
V2115	Lenticular (myodisc), per lens, single vision
V2121	Lenticular lens, per lens, single
V2215	Lenticular (myodisc), per lens, bifocal
V2221	Lenticular lens, per lens, bifocal
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens, PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2702	Deluxe lens feature
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2781	Progressive lens, per lens
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2797	Vision supply, accessory, and/or service component of another HCPCS vision code

Code	Description	Note
V2020	Frame	PA required if benefit limitation exceeded
V2784	Lens, polycarbonate or equal, any index, per lens	PA required if total Rx power is less than +/- 2.00 diopters

Code	Description	Note
V2199	Not otherwise classified, single vision lens	
V2299	Specialty bifocal (by report)	Submit justification for pood, product description, and quantity
V2499	Variable asphericity lens, other type	Submit justification for need, product description, and quantity required
V2599	Contact lens, other type	·
V2799	Vision service, miscellaneous	

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Vision Prior Authorization Request

PA Number: _

For Department Use Only

Idaho Medicaid Medical Care PO Box 83720

Р	Boise, ID 83720-0036 Phone: (208) 364-1839 Fax: (208) 332-7280		Reviewed By: Review Date:			
Provider N	lame:					
Provider N	lumber:		Phone Number:		F	ax Number:
articipan	t Name:					ate of Birth:
Participan	t Medicaid Number:			Date of S	Service: _	
Service	e/Procedure Code	Requested F	or Review:			
ligh Inde	x Lens Procedure Code: _			Aspheric Lens Pro	ocedure Code:	
Contact Le	ens Procedure Code:		Quantity (exact nur	mber of contact le	nses per eye x	l year)
Specialty I	Frame Procedure Code: _			Tinted Lens Proce	edure Code:	<u></u>
	Lens Procedure Code:			Early Exam Proce	edure Code:	
	nate Lens Procedure Cod			Other Procedure		
Indicate	Current RX Below					
maicate	Current Rx	Spherical	Cylindrical	Axis	Prism	Base
	O.D	Ophichical	Cymianoui	AAIS	1113111	Buse
D.V.	O.S.					
	O.D					
N.V.	O.S.					
Note: If	nged: Indicate previous RX f change is glasses to cont contact RX.			X. If change is cor	ntacts to glasses	s provide old and ne
	Current RX Below					
	Current Rx	Spherical	Cylindrical	Axis	Prism	Base
D.V.	O.D					
D. V.	O.S.					
N.V.	O.D O.S.					

PA Request Form 05/08

July 1, 2008

MEDICAID INFORMATION RELEASE MA08-14

To: All Personal Care Service (PCS) Providers and School Districts Providing Medicaid Services

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: New PCS Payment Rates Effective July 1, 2008

Effective July 1, 2008, Medicaid will make some changes to its reimbursement rates for personal assistance services (personal care and attendant services). As required by *Idaho Code* and *IDAPA 16.03.10.307*, the Idaho Department of Health and Welfare conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded (ICF/MRs).

Services provided on or before June 30, 2008, must be billed separately from services provided on or after July 1, 2008. There may be an error in your payment if you do not use separate claim forms.

The new rates are listed below by procedure code:

Supervisory RN codes:

G9002	Coordinated Care Fee – Maintenance Rate (Agency)	\$78.37 /Visit
G9001	Coordinated Care Fee – Initial (School)	\$78.37 /Plan
T1001	Nursing Assessment/Evaluation (Agency)	\$38.19 /Visit
T1001	Nursing Assessment/Evaluation (School)	\$38.19 /Visit

Supervisory QMRP codes:

G9001	Coordinated Care Fee – Initial (Agency)	\$94.92 /Visit
H2020	Therapeutic Behavioral Services (Agency)	\$31.64 /Day

Personal assistance service provider codes:

Agency providers

T1019	Personal Care	\$3.89 /15 Minute unit
T1004	Services of a Qualified Nursing Aide	\$3.89 /15 Minute unit
CEAAE LIO	DCC for Children Child	¢04.07./dov

S5145 U3 PCS for Children – Child \$81.07 /day

S5145 U3 HQ PCS for Children – Group \$69.64 /day per participant

Independent provider's home (no withholding)

S5145 PCS for Children – Child \$77.50 /day

S5145 HQ¹ PCS for Children – Group \$56.92 /day per participant

Home and community based services:

S5125 U2¹ Attendant Care Services \$3.89 /15 Minute unit

T1001 U2¹ Nursing Assessment/Evaluation (Agency) \$38.19 /Visit

Other:

S5140-U2 Adult Residential Care

** For certified family homes and residential and assisted living facilities that bill this code, you will receive a letter notifying you of the new rate for each participant. If you do not receive a letter for a participant living in your facility, please contact EDS toll-free at: (800) 685-3757 or in the Boise area at: 383-4310. Approval of service by the Regional Medicaid Services Unit is still required before the service is delivered.

If you have questions about this process, please contact your Regional Medicaid Services office. Regional contact information is listed below. Thank you for your participation in the Idaho Medicaid Program.

Regional Medicaid Services Offices:

Region 1 — (Benewah, Bonner, Boundary, Kootenai, Shoshone Counties)

1120 Ironwood Drive, Suite 102 Coeur d'Alene, ID 83814 (208) 769-1567

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Continued from Page 11 (IR MA08-14)

Region 2 — (Clearwater, Idaho, Latah, Lewis, Nez Perce Counties)

1118 F Street P.O. Drawer Lewiston, ID 83501 (208) 799-4430

Region 3 — (Adams, Canyon, Gem, Owyhee, Payette, Washington Counties)

3402 Franklin Road Caldwell, ID 83605-6932 (208) 455-7150

Region 4 — (Ada, Boise, Elmore, Valley Counties)

1720 Westgate Drive, Suite A Boise, Idaho 83704 (208) 334-0960

Region 5 — (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls Counties)

601 Pole Line Road, Suite 3 Twin Falls, ID 83301 (208) 736-3024

Region 6 — (Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power Counties)

1070 Hiline Road, Suite 260 Pocatello, ID 83201-2955 (208) 239-6260

Region 7 — (Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton Counties)

150 Shoup Avenue, Suite 20 Idaho Falls, ID 83402 (208) 528-5750

Idaho Medicaid Provider Handbook:

This information release does **not** replace information in your *Idaho Medicaid Provider Handbook*.

Idaho Medicaid Provider Resources on CD: July 2008

The most recent version of the *Idaho Medicaid Provider Resources* CD is set to mail in July 2008.

This CD includes the following sections:

Acrobat Reader Section

ECS Agreements Section

- With National Provider Identifier (NPI)
- Without NPI

Provider Electronic Solutions (PES) Section

- PES Handbook
- PES Quick Start Guide
- PES Taxonomy

Point of Service (POS) Section:

- POS Device Areas
- POS Installation Guide
- POS Quick Reference Card
- POS User Guide



Continued from Page 13 (Resources CD)

Qualis Manual Section

Quick Reference Card Section

Idaho Health Plan Coverage (formerly Medicaid & You)

Provider Handbook Section (Described in more detail below)

he electronic handbook is used regularly by the EDS Provider Service Representatives (PSRs) to answer provider questions.

Contents of Provider Handbook

The handbook includes a directory of addresses, phone numbers and Web sites for important Idaho Medicaid contacts including Healthy Connections regional representatives, prior authorization contacts, DHW regional offices, and EDS.

The handbook is divided into five sections and four appendices.

Section 1: Presents the basic information all providers need to serve Idaho Medicaid participants.

General provider information is listed under the following subsections:

Section 1.1: Provider Participation

Section 1.2: Services for Providers

Section 1.3: Participant Eligibility

Section 1.4: Restricted Medical Coverage

Section 1.5: Healthy Connections (HC)

Section 1.6: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Section 2: Presents the basic information all providers need to submit claims.

General billing information is listed under the following subsections:

Section 2.1: General Billing Information

Section 2.2: Claims Submission

Section 2.3: Prior Authorization (PA)

Section 2.4: Third Party Recovery (TPR)

Section 2.5: Crossover Claims

Section 2.6: Adjustments

Section 3: Contains specific information for each of the different provider types.

Section 4: Presents information on Remittance Advice (RA) forms based upon your provider type.

Section 5: Is a glossary of terms and acronyms used in this handbook.

Appendix A (Healthy Connections (HC) Providers):

Contains detailed information on HC for providers enrolled in the program.

Appendix B (Taxonomy)

Appendix C (Medicaid Automated Voice Information Service (MAVIS)):

Contains information on how to use MAVIS to obtain current information on participant status and claims.

Appendix D (Forms):

Contains a list of forms available from EDS at no charge to the provider. There are also samples of forms you can use to make as many copies as you need, whenever you need them.

Why Bill Electronically? Compare for Yourself

Note: The following estimates are based on 200 claims per month.

*Based on example estimates

The benefits of billing electronically:

- It's less expensive.
- Conveniently available all day, every day.

The benefits of Provider Electronic Solutions (PES):

- Easy, user friendly PES software prompts for required fields before sending, resulting in fewer errors.
- PES software training at no charge.

	Paper claims		Electronic Claims	
	Description	Cost	Description	Cost
POSTAGE	200 Forms x 42¢ Postage	\$84.00	No Postage	\$0.00
CMS FORMS	200 Forms	\$5.00	No Forms	\$0.00
LABOR	200 Claims x 5 Minutes Processing Time x \$10.00/Hour	\$166.00	200 Claims x 1 Minute Processing Time x \$10.00/Hour	\$33.00
COST OF SOFTWARE	Unknown	\$0.00	PES Software	No Charge
TOTAL MONTHLY COST	\$ 255.00		\$33.00	
			Potential Savings (ba	sed on example*) : \$222.00
PROCESSING TIME	6-10 Days		2-24 Hours	
AVAILABILITY	Regular Business Hour		24 Hours per Day, 7 Days per Week	

Another Reason to Bill Electronically

Almost one-third of all paper claims are currently denied. Most of the denials are due to billing errors that can be corrected. Only one-fifth of all electronic claims are denied, because electronic billing software has built in checks to prevent many of the most common errors found on paper claims.

Electronic claims are commonly denied for incomplete justification that must be provided on a paper attachment. Some providers submit these claims electronically to get them in the system in a timely manner. When the resulting denial indicates an attachment is required, the claim needs to be submitted on paper.

Claims returned to the provider (RTP) for errors that prevent the claim from being entered into the system are another type of denial not mentioned above. Errors that result in RTP are nearly eliminated with electronic billing.

Don't wait, start billing electronically now. The Provider Electronic Solutions (PES) software is available from EDS at no charge. It is user friendly and training from a provider relations consultant is included. Software from other billing software vendors is also compatible with the system. For more information or to get setup for electronic billing, call the EDI help line toll-free at: (800) 685-3757, or in the Boise area at: 383-4310 and ask for Technical Support.

Paper claims **require** a valid Medicaid provider number for processing. Paper claims submitted with an NPI number only in field **33** cannot be processed and will be returned to providers for correction. CMS-1500 claim forms require the **1D (one-D)** qualifier preceding the Idaho Medicaid provider number in field **33b**. Detailed instructions for paper claims are listed at the end of Section 3 in your *Medicaid Provider Handbook*.

Keeping Staff Up to Date in 2008

EDS provider relations consultants (PRCs) continue to offer a series of provider workshops. Each consultant conducts a two hour regional workshop every two months to help providers in their region. The topics include:

- Learn more about National Provider Identifier (NPI)
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS-1500

The next workshop is scheduled for all regions Tuesday, July 8, from 2 to 4 p.m. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local PRC. Phone numbers for the PRCs are listed in the sidebar on page 5.

Reminder

Medicaid would like to remind providers that according to *IDAPA 16.03.10.653.05*, developmental disability agency services for participants are limited to 30 hours a week for each participant served. Claims that exceed 30 hours a week for a participant will be denied.

Services included in this limitation are the following therapy types:

Individual, group and family psychotherapy, supportive counseling, occupational therapy, physical therapy, speech and hearing therapy, developmental therapy, and intensive behavioral intervention therapy (IBI).

Billing for Influenza Laboratory Tests

When billing for influenza laboratory tests:

- Use CPT[®] 87804 (one unit allowed) when billing for one test
- Use CPT® 87400 (two units allowed) when billing for Influenza A and B

Important Notice!

Developmental Disability Centers, Rehab Mental Health Services, School Based Services, and Mental Health Clinics

Billing change for all service providers billing speech therapy, occupational therapy, and physical therapy evaluations.

Starting with dates of service June 1, 2008, speech therapy, occupational therapy, and physical therapy evaluations must be billed at no more than one unit a day and will be reimbursed at the following rates per unit:

CPT Code	Description	Fee
92506	Speech Therapy Evaluation	\$131.28
97001	Physical Therapy Evaluation	\$64.68
97003	Occupational Therapy Evaluation	\$68.87

EDS PO BOX 23 BOISE, IDAHO 83707



July Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following holiday: *Independence Day*Friday, July 4, 2008

Reminder that MAVIS
(the Medicaid Automated Voice Information Service)
is available at:
(800) 685-3757 (toll-free) or
(208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Carolyn Taylor, Division of Medicaid

If you have any comments or suggestions, please send them to:

taylorc3@dhw.idaho.gov

or

Carolyn Taylor DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911